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		Г	(Depositor's name)								
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APPLICATION NO.		FILING DATE		. , -	FIRST NAMED INVE	NTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/526,403	10/526.403 09/20/2005				Andrew John Whitehead			266456US6PCT		7068	
TITLE OF INVENTION	N: DIAMO	OND RADIATIO	ON DETECTO)R							
APPLN. TYPE	SMA	LL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional		NO	\$144	0	\$300		\$0 \$		\$1740	03/20/2008	
EXAMINER		ART UNIT		CLASS-SUBCLAS	s]					
BAKER, DAVID S		2884		250-370010				·····			
 Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required. 					2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Oblon, Spivak, 2 McClelland, Maier 3 & Neustadt, P.C.						
3. ASSIGNEE NAME A PLEASE NOTE: Us recordation as set for (A) NAME OF ASS Please check the approp	nless an as th in 37 C IGNEE	ssignee is ident FR 3.11. Comp	ified below, no eletion of this f	assignee orm is NC	data will appear on T a substitute for filir (B) RESIDENCE: (the paig an CITY	atent. If an assign assignment. ' and STATE OR C	OUNTR	XY)	ocument has been filed for	
4a. The following fee(s) are submitted:					 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. ☑ Payment by credit card. Transmitted via EFS-Web. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). 						
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